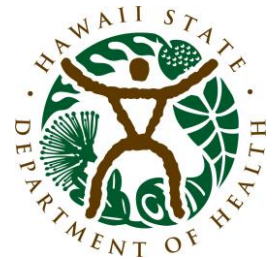




STATE OF HAWAII
DEPARTMENT OF HEALTH
4348 Waialae Avenue, #648
Honolulu, Hawaii 96816



APPLICATION # _____

Medical Use of Marijuana Physician Certification

SECTION C. *This section to be signed by the certifying physician.*

Applicant's Name:

Last

First

Middle

Physician's Name:

Last

First

Middle

PHYSICIAN'S WRITTEN CERTIFICATION

☐ Yes ☐ No

I CERTIFY that in my professional opinion, my patient, so named above as the Applicant, has a debilitating medical condition as listed below or is suffering from the treatment of these conditions (mark all that apply):

- ☐ Cancer
- ☐ Glaucoma
- ☐ Positive status for Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS)
- ☐ A chronic or debilitating disease or condition that produces one or more of the following:
 - ☐ a. Cachexia or wasting syndrome
 - ☐ b. Severe pain
 - ☐ c. Severe nausea
 - ☐ d. Seizures, including those characteristic of epilepsy
 - ☐ e. Severe and persistent muscle spasms, including those characteristic of multiple sclerosis or Crohn's disease

☐ Yes ☐ No

Furthermore, I certify that:

- 1) I maintain a bona fide physician-patient relationship with the Applicant; and
- 2) It is my professional opinion that the potential benefits of the medical use of marijuana would likely outweigh the health risks for this patient; and
- 3) I have explained the potential risks and benefits of the medical use of marijuana to this patient and, in the case of a patient who is a minor, to the minor's parent(s), guardian(s), or person(s) having legal custody of the minor.

Under penalty of perjury, I attest that all information submitted is true to the best of my understanding and that I have not intentionally furnished false or fraudulent information or omitted any information from this application. By signing this document I acknowledge that I am subject to part IX, chapter 329, HRS, and all other applicable laws for the medical use of marijuana in the State of Hawaii. I understand that even though I am following Hawaii state laws regarding certifying my patient to use medical marijuana, I may not be protected against arrest, prosecution, or conviction under Federal law.

PHYSICIAN'S SIGNATURE

DATE